

PTO/SB/21 (10-07)

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|---------------------------------------------------------------------------------------------|------------------------|--------------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/684,206 - Conf. #5073 |
|                                                                                             | Filing Date            | October 9, 2003          |
|                                                                                             | First Named Inventor   | Patricia RAO             |
|                                                                                             | Art Unit               | 1644                     |
|                                                                                             | Examiner Name          | A. E. Juedes             |
| Total Number of Pages in This Submission                                                    | Attorney Docket Number | TLN-021CP                |

**ENCLOSURES (Check all that apply)**

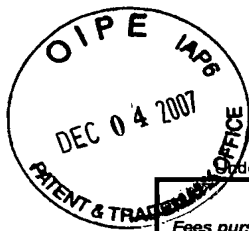
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Appendix A<br>Return Receipt Postcard |
| <b>Remarks</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                         |          |        |
|--------------|-------------------------|----------|--------|
| Firm Name    | LAHIVE & COCKFIELD, LLP |          |        |
| Signature    |                         |          |        |
| Printed name | Deborah L. Nagle        |          |        |
| Date         | December 4, 2007        | Reg. No. | 59,978 |

Express Mail Label No. EV 957672065 US

Dated: December 4, 2007



|                                                                                                                                                                   |  |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2008</b> |  | <b>Complete if Known</b> |                          |
|                                                                                                                                                                   |  | Application Number       | 10/684,206 - Conf. #5073 |
|                                                                                                                                                                   |  | Filing Date              | October 9, 2003          |
|                                                                                                                                                                   |  | First Named Inventor     | Patricia RAO             |
|                                                                                                                                                                   |  | Examiner Name            | A. E. Juedes             |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                         |  | Art Unit                 | 1644                     |
| TOTAL AMOUNT OF PAYMENT                                                                                                                                           |  | (\$)                     | 525.00                   |
|                                                                                                                                                                   |  | Attorney Docket No.      | TLN-021CP                |

|                                                                                                                        |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>METHOD OF PAYMENT (check all that apply)</b>                                                                        |                                                                                   |
| <input type="checkbox"/> Check                                                                                         | <input type="checkbox"/> Credit Card                                              |
| <input type="checkbox"/> Money Order                                                                                   | <input type="checkbox"/> None                                                     |
| <input type="checkbox"/> Other (please identify): _____                                                                |                                                                                   |
| <input checked="" type="checkbox"/> Deposit Account                                                                    | Deposit Account Number: 12-0080                                                   |
| Deposit Account Name: Lahive & Cockfield, LLP                                                                          |                                                                                   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |                                                                                   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below                                                      | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                    |                                |                                  |                     |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|--------------------|--------------------------------|----------------------------------|---------------------|-----------------------|
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                    |                                |                                  |                     |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                                                                                                              |                     |                                                         |                    |                                |                                  |                     |                       |
|                                                                                                                                                                                                                                                                                                                   | <b>FILING FEES</b>  |                                                         | <b>SEARCH FEES</b> |                                | <b>EXAMINATION FEES</b>          |                     |                       |
|                                                                                                                                                                                                                                                                                                                   |                     | <u>Small Entity</u>                                     |                    | <u>Small Entity</u>            |                                  | <u>Small Entity</u> |                       |
| <b>Application Type</b>                                                                                                                                                                                                                                                                                           | <b>Fee (\$)</b>     | <b>Fee (\$)</b>                                         | <b>Fee (\$)</b>    | <b>Fee (\$)</b>                | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>     | <b>Fees Paid (\$)</b> |
| Utility                                                                                                                                                                                                                                                                                                           | 310                 | 155                                                     | 510                | 255                            | 210                              | 105                 |                       |
| Design                                                                                                                                                                                                                                                                                                            | 210                 | 105                                                     | 100                | 50                             | 130                              | 65                  |                       |
| Plant                                                                                                                                                                                                                                                                                                             | 210                 | 105                                                     | 310                | 155                            | 160                              | 80                  |                       |
| Reissue                                                                                                                                                                                                                                                                                                           | 310                 | 155                                                     | 510                | 255                            | 620                              | 310                 |                       |
| Provisional                                                                                                                                                                                                                                                                                                       | 210                 | 105                                                     | 0                  | 0                              | 0                                | 0                   |                       |
| <b>2. EXCESS CLAIM FEES</b>                                                                                                                                                                                                                                                                                       |                     |                                                         |                    |                                |                                  |                     |                       |
|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                    |                                |                                  | <u>Small Entity</u> |                       |
| <b>Fee Description</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                    |                                |                                  | <b>Fee (\$)</b>     | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                           |                     |                                                         |                    |                                |                                  | 50                  | 25                    |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                |                     |                                                         |                    |                                |                                  | 210                 | 105                   |
| Multiple dependent claims                                                                                                                                                                                                                                                                                         |                     |                                                         |                    |                                |                                  | 370                 | 185                   |
| <b>Total Claims</b>                                                                                                                                                                                                                                                                                               |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b>           | <b>Multiple Dependent Claims</b> |                     |                       |
| 24                                                                                                                                                                                                                                                                                                                |                     | -60 = 0                                                 | x                  | =                              | <b>Fee (\$)</b>                  |                     | <b>Fee Paid (\$)</b>  |
| HP = highest number of total claims paid for, if greater than 20.                                                                                                                                                                                                                                                 |                     |                                                         |                    |                                |                                  |                     |                       |
| <b>Indep. Claims</b>                                                                                                                                                                                                                                                                                              |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b>           |                                  |                     |                       |
| 2                                                                                                                                                                                                                                                                                                                 |                     | -6 = 0                                                  | x                  | =                              |                                  |                     |                       |
| HP = highest number of independent claims paid for, if greater than 3.                                                                                                                                                                                                                                            |                     |                                                         |                    |                                |                                  |                     |                       |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                                                                                                    |                     |                                                         |                    |                                |                                  |                     |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |                                                         |                    |                                |                                  |                     |                       |
| <b>Total Sheets</b>                                                                                                                                                                                                                                                                                               | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                    | <b>Fee (\$)</b>                | <b>Fee Paid (\$)</b>             |                     |                       |
| - 100 =                                                                                                                                                                                                                                                                                                           |                     | /50 =                                                   |                    | (round up to a whole number) x |                                  |                     |                       |
| <b>4. OTHER FEE(S)</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                    |                                |                                  |                     |                       |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                                                                                                                   |                     |                                                         |                    |                                |                                  |                     |                       |
| Other (e.g., late filing surcharge): 2253 Extension for response within third month                                                                                                                                                                                                                               |                     |                                                         |                    |                                |                                  | 525.00              |                       |

|                     |                  |                                   |                  |
|---------------------|------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                  |                                   |                  |
| Signature           |                  | Registration No. (Attorney/Agent) | 59,978           |
| Name (Print/Type)   | Deborah L. Nagle | Telephone                         | (617) 994-0761   |
|                     |                  | Date                              | December 4, 2007 |